MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 11/57/609

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ** AMENDMENT			AS FILED		AFTER J"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
2						<u>.</u>	51						
3							52 53						
4							54						
5	1						55						
_6							56						
7			-	1			. 57						
8	ļ						58						
10						ļ	59 60				· · · · · ·		
11							61						
12							62						
13				•			. 63						
14							64						
15							65						
16 17							66 67						
18							68						
19							69						
20							70						
21							71						
22	ļI						72					·	
23 24		·					73						
25	<u> </u>						74 75						
26							76						
27							77						·
28							78						
29							79						
30 · 31							80						
32							81 82	 					
33							83						
34							84	· · · · ·					
35				· .			85						
36							86						
37 38							87 88						
39							89						
40							90		 }	- -			
41							91						
42						•	92						
43 44							93						
45							94 95			- 			
46							96						——
47						·	97				<u>-</u>		
48							98					·	
49							99						
50 TOTAL		<u>-</u>					100						
IND.		♣	1	♣		♣	TOTAL IND.		#	· 1	4 [4
TOTAL Dep.		(-	6	(4)	J	(TOTAL DEP.		+		+		+
TOTAL CLAIMS			7				TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)								.S. DEPART! atent and Tra				